

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application # 10-500-25709

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Brian Frankson Date: 12-30-10
Site Address: _____ Phone: 919-413-8350
Directions to job site from Lillington: Hwy 210 North into Angier NC Turn left on Hwy 55
Turn left on

Subdivision: Cross Links Sub. Lot: 6
Description of Proposed Work: SFD # of Bedrooms: 3
Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Brian Frankson License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Brian Frankson License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Brian Frankson License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Brian Frankson License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE: General Contractor must fill out and sign the second page of this application.**

Jennifer Brock

From: Frankson, Brian <BFrankson@ARS.com>
Sent: Thursday, April 28, 2011 12:04 PM
To: Jennifer Brock
Cc: Frankson, Brian; Uwe@all-maxplumbing.com
Subject: Permit 10-500-25709

Mrs. Brock,

I would like to list All-Max plumbing for the plumbing portion of the work for Lot 6 Bluff ridge Ln. in Angier (Permit # 10-500-25709)

All-Max Plumbing Repairs

919-678-0111

2428 Reliance Ave.

Apex, NC 27539

17518 (Class 1)

Thanks

Brian Frankson

919-413-8350

The information contained in this message is intended solely for the addressee(s) named above. If you are not an addressee, or responsible for delivering this message to an addressee, you have received this message in error and you are strictly prohibited from reading or disclosing it.

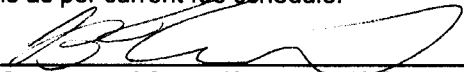
Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? Yes No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes No
3. Do you intend to directly control & supervise construction activities? Yes No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? Yes No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? Yes No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.


Signature of Owner/Contractor/Officer(s) of Corporation

12-30-10
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Name: _____

Sign w/Title:  Date: Dec-30-10

Plan Box Number File

Job Name The Bluffs

Date: 12-7-10

Required Inspections for SFA/SFD

Appl. # 16-50025709

Valuation 281699

Sq. Feet 5675

Sequence

- 10
- 10-30
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- R* Bldg. Footing
- R* Elec. Temp Service Pole
- R* Building Foundation
- Address Confirmation
- Open Floor
- R* Bldg. Slab Insp.
- R* Elec. Under Slab
- R* Plumb. Under Slab
- Four Trade Rough In
- Four Trade Rough In > 2500
- Three Trade Rough In
- Three Trade Rough In > 2500
- Two Trade Rough In
- Two Trade Rough In > 2500
- One Trade Rough In
- One Trade Rough In > 2500
- R* Insulation
- Four Trade Final
- Four Trade Final > 2500
- Three Trade Final
- Three Trade Final > 2500
- Two Trade Final
- Two Trade Final > 2500
- One Trade Final
- One Trade Final > 2500
- Envir. Operations Permit

334 Bonus
 2619
 484 Garage
 2238 ^{upcasted Base} storage

 2953 htd
 3437 @ 74.68
 223.307
 2238 @ 29.99
 58392

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Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Brian Frankson will provide the Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Brian Frankson
Contractor's Company Name

919-413-8350
Telephone

220 Creekstone Dr Benson
Address

bfrankson@gmail.com
Email Address

License # _____

Structure Owner / Contractor Signature:  Date: May-10-13

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**

I Brian Frankson request to have ALLMAX plumbing removed from my building permit & I will finish the plumbing my self.

A handwritten signature in black ink, appearing to read "B. Frankson". The signature is stylized with a large, sweeping flourish that extends to the right.